



1)	Corporate Business Name				
	Doing Business As (Fictitious Name)				
	Federal Tax ID # or SSN #		State Tax ID #		

2)	Check the Following:	<input type="checkbox"/>	Incorporation	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietor
----	----------------------	--------------------------	---------------	--------------------------	---------------------------	--------------------------	-----------------

3)	Check the Following:	<input type="checkbox"/>	New Business	<input type="checkbox"/>	Transfer of Location	<input type="checkbox"/>	Transfer of Ownership
----	----------------------	--------------------------	--------------	--------------------------	----------------------	--------------------------	-----------------------

4)	Business Address						
	City			State		Zip	
	Contact Phone			Fax Number			
	Cell Phone			E-mail			

5)	Property Owner:	<input type="checkbox"/>	Provide Proof of Ownership	Leasing Property:	<input type="checkbox"/>	Provide Copy of Lease
----	-----------------	--------------------------	----------------------------	-------------------	--------------------------	-----------------------

6)	Mailing Address					
	City			State		Zip

7)	Owner's Name						
	Home Address						
	City			State		Zip	
	Home Phone			Date of Birth			
	Driver License #						

8)	Corporate Officers / Emergency Contacts					
	Name		Phone #		Title	
	Name		Phone #		Title	

9)	List All Type of Operations at	1)
	This Location	2)
	ONLY THE LISTED ACTIVITIES	3)
	WILL BE PERMITTED	4)

10)	Fill in the Applicable Information					
	Sales (Wholesale/Retail)	Inventory Amount \$	Coin Operated Machines (# of Machines)			
	Restaurants	# of Seats =		Washer & Dryer		Amusement
	Fuel Station	# of Nozzle =		Video Games		Pool Tables
	# of Employees			Autos for Hire		Juke Box
	State License #			Other		

LICENSED PROFESSIONALS (DBPR OR DEPT OF HEALTH) ARE REQUIRED TO SUBMIT A COPY OF THEIR FLORIDA STATE LICENSE AND PHOTO IDENTIFICATION.

NOTE: This registration DOES NOT AUTHORIZE occupancy of the business premises until a review by Planning & Zoning, Building and Fire Inspector, which may require an inspection of the premises. NO WORK IS AUTHORIZED ON THE PREMISES including signage without first obtaining the required permits from the City.

**BUSINESS TAX RECEIPT
CITY ORDINANCE REQUIREMENT
Part II Code of Ordinances, Chapter 14,
Licenses and Business Regulations,
Article II. Business Tax Receipts.**

- 1) I understand that the business tax registration for which I have applied to the City of Leesburg is a tax only, authorized by the Florida Statutes for the purpose of raising revenues, and that it does not confer any rights other than the right to operate the business for which the registration was issued.
- 2) Business tax registration is **NOT** a regulatory license and does not grant the right to open, construct, alter, rewire, renovate or in any other way alter or add to a proposed business location, without the proper permits and inspections, nor does issuance of the business tax registration constitute a certification that the proposed business location complies with applicable zoning, land development regulations or that the condition of any structure at the proposed location complies with applicable structural or technical codes.
- 3) I **Will Not Open** for business at any particular location without first verifying in person whether any anticipated changes to the business premises will require a permit and/or plan submittal, and that the operation of the business at that location complies with applicable land development, building, and fire regulations.
- 4) No person shall engage in any trade or business, profession or occupation, amusement or industry within the City of Leesburg, Florida, without first having procured a Business Tax Receipt as required by this chapter and paying the fee prescribed herein. A business with more than one location or branch within the city shall purchase a separate Business Tax Receipt for each such location.
- 5) Any of the following shall be considered prima facie evidence that a trade or business, profession or occupation, amusement or industry is being engaged in within the city, for which a Business Tax Receipt is required: any sign, advertising, occupancy of a commercial building or property, directory listing or other activity of any nature, indicating that a trade or business, profession or occupation, amusement or industry is being conducted at a location within the municipal limits of the city.
- 6) It is the intent of this article to impose the tax levied herein on each and every trade or business, profession or occupation, amusement or industry which is subject to taxation by the city under Section 205.042, Florida Statutes as now in existence or as hereafter amended, or under any successor statute.

Expected Opening Date	
Business Contact	
Contact Phone #	

I certify that I am requesting **UTILITY SERVICES ONLY** for the above mentioned address and that I will not be engaging in any activity as described in the City Ordinance. Prior to engaging in any activity I will obtain a Business Tax Receipt and Fire Inspection.

Print Name / Title	Signature	Date

ZONING APPROVAL – FOR UTILITIES ONLY

REVIEWED BY PLANNER		
	Signature	Date

FOR OFFICE USE ONLY	Tax Amount \$		Control #	
NAICS #			Transferred From Control #	
ISSUED BY:			DATE:	